



Licensing Verification System

SUBSCRIPTION SERVICE REQUEST - CREDENTIALING SERVICES

Subscription Service Request is:	→	New		Cancellation		
Cancellations Enter Your Facility Password:	→					
Name of Organization:	→					
Mailing Address:	→	Department:				
		Street Address:				
		City/State/Zip:				
Contact Person:	→	Name:			Title:	
Telephone/FAX:	→	Telephone:			FAX:	
E-mail:	→	E-mail Address:				

If you provide credentialing services for a health care facility licensed by the Department of Health Services (DHS) or any health care service plan or medical care foundation licensed by the Department of Managed Health Care (DMHC) which requires access to the 805 report information, **please complete the client listing information on Page 2 of this form.**

Pursuant to Business and Professions Code Section 805.5, prior to granting or renewing staff privileges to any physician, health care facilities licensed by DHS or health care services plan or medical care foundation shall request a report from the Medical Board as to whether the applying physician has been denied staff privileges or had those privileges removed or restricted. This is not considered public information and cannot be disclosed to clients other than those legally entitled to request that information.

If access to 805 report information is granted, it shall be the responsibility of the credentialing service to confirm that their client is legally authorized to obtain this information before disclosing any 805 report information obtained through LVS. Failure to fully comply with these policies and requirements will result in the denial of access to 805 report information.

The Organization and Responsible User agree to comply with this Security Agreement as a condition for accessing the Board's Licensing Verification System or associated systems and are legally bound by this document. Failure to fully comply with these policies and requirements will result in the denial of access. The Organization and Responsible User understand that any illegal use of the Board's Licensing Verification System or associated systems is punishable as a public offense under California Penal Code Section 502.

Signature, of the Responsible User to this document and the Manager of the Organization under the laws of the State of California certify under penalty of perjury that they have read, understand and agree to the above statements and that the information provided is true and correct.

Manager of Organization (Printed Name)	Signature	Date
Responsible User (Printed)	Signature	Date

Subscription Renewal Rate is \$36.00 per year

Return completed forms and payment to:

Medical Board of California
Licensing Verification System
1426 Howe Avenue, Suite 54
Sacramento, CA 95825
ATTENTION CASHIERING UNIT

FOR MEDICAL BOARD USE ONLY

Business Services Office, Cashiering Unit	File Stamp	Information Systems Branch
Cashier Stamp:		Date Received:
Cashiered By:		Date of Update:
Date:		Initial:

SUBSCRIPTION SERVICE REQUEST - CREDENTIALING SERVICES**Client Information - Page 2**

Client Name and Address	Contact Telephone No.	DHS License No. *	DMHC License No.

Client Name and Address	Contact Telephone No.	DHS License No. *	DMHC License No.

Client Name and Address	Contact Telephone No.	DHS License No. *	DMHC License No.

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Name of Credentialing Service: _____ Date: _____

Contact Person: _____ Telephone Number: _____

LVS Password: _____

*** Provide a copy of the DHS License for each facility you are providing services for.**